

REMOTE STORAGE

The Beginning of Occupational Disease Reports

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NEW YORK

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In 1911, for the first time in America, six states enacted laws requiring physicians to report cases of occupational diseases. These states are California, Connecticut, Illinois, Michigan, New York and Wisconsin. These laws have many points in common, and most commonly the diseases to be reported are: anthrax, compressed air illness, and poisoning from lead, phosphorus, arsenic and mercury or their compounds. In Wisconsin, for some unexplained reason, anthrax is omitted from this list, and in Illinois the law is obscure, but apparently includes poisoning from "sugar of lead, white lead, lead chromate, litharge, red lead, arsenate of lead or paris green," and "the manufacture of brass or the smelting of lead or zinc."

In most instances the notification by the physician is to include as a minimum the name and full postal address and place of employment of the patient, and the disease. Michigan specifically requires in addition, "the length of time of such employment," and New York adds, "with such other and further information as may be required by the commissioner of labor."

In four states the reports are to be sent to the State Board of Health and thereby transmitted to the department most directly interested in industrial inspection within the state. In Connecticut and New York notification is direct to the commissioner of labor.

In every state except Connecticut there is a penalty for failing to report, but in all states except California and Connecticut, where a fee of fifty cents is allowed, no compensation is paid for reports.

It is an interesting fact that one of the features of this bill which excited most comment among physicians was the provision for the payment of a fee of fifty cents

for each report. "It is an insult to offer a medical man a fee for sending in a report to the state," exclaimed many physicians, while fully as many declared that the offer of fifty cents would result in their sending in too many reports.

This pioneer legislation is part of a definite organized effort to arouse wider interest among physicians in the subject of industrial hygiene, and to secure for public use a regular supply of information from those who should be best informed on the subject. For this purpose a tentative bill, based on twelve years of English experience,¹ was drafted and introduced, in 1911, into the legislatures of eight leading industrial states. This bill had been passed unanimously by one house of the Minnesota legislature when adjournment postponed action for two years. In Pennsylvania some legal experts added a clause to one section of the bill and after it had passed both houses of the legislature the governor vetoed it on the ground that this particular new clause made it "unconstitutional." In Illinois where the State Occupational Disease Commission was still at work, no action was taken by the friends of the measure after reaching an understanding that the reporting feature would be included in the commission's bill. With the slight local modifications already noted the standard bill was enacted, and it went into operation in six states during the summer.

The educational campaign resulting in the enactment of this measure included the publication and distribution of a special four-page leaflet on "Reporting of Occupational Diseases." This leaflet included the following statement:

When the International Congress on Occupational Diseases met at Brussels last September, Dr. Legge, Medical Inspector of Factories in England, read a paper on "Results of Ten Years' Notification of Lead Poisoning." In 1900 more than 1,000 workers in that country were reported as suffering from this occupational poisoning. Last year the number was only 553, although the system of recording each case has steadily improved. In some branches of the dangerous trades in England this occupational poison is now only one-fourth as serious in its effects as ten years ago.

1. On the advice of expert medical authority in England only a few of the most clearly defined and most easily recognizable of occupational diseases are included in the beginning. When physicians have become familiar with the purpose and the operation of the law its scope may be extended.

In partial explanation of this striking improvement in the conditions affecting those who work with industrial poisons, the leaflet continues:

In Great Britain when a practicing physician observes in a patient symptoms which lead him to suspect that there is suffering from industrial lead, phosphorus, mercurial or arsenical poisoning or anthrax, he is compelled under penalty by the government to report the case to the factory inspector. Scientific men in the public service are then in a position to study intelligently the conditions which undermine health, to suggest simple, inexpensive precautions to the manufacturers and to instruct the work-people in the use of measures for the prevention of unnecessary suffering and death.

Every class in the community is directly interested in scientific efforts to conserve the health, vitality, energy and industrial efficiency of wage-earners. This interest is particularly apparent in cases of suffering and inefficiency due to unhealthful conditions of employment in occupations in which deadly poisons are in use.

After briefly summarizing the causes and effects of anthrax, compressed air illness, and poisoning from lead, phosphorus, mercury and arsenic, the descriptive portion of the leaflet concludes as follows:

In order that the necessary mechanical and other precautions may be taken, the state should be enabled to determine where and how men are exposed to these perils. The state should be advised of incipient cases, so that dangerous conditions may be improved. English experience during twelve years indicates that the most practical and economical method of securing this information is through the enactment of a law requiring every physician treating a case of one of these occupational diseases to report it to the proper authority precisely as he now reports cases of contagious diseases. From the data thus contributed preventive and remedial measures can be intelligently formulated and applied. The American Association for Labor Legislation, in its campaign for the conservation of human resources, invites the cooperation of other organizations in securing uniform legislation on this subject.

This printed leaflet, the final page of which was a tentative bill, was accompanied by additional literature and circular letters and addressed to legislators, editors and members of the Association for Labor Legislation, who added their personal influence to the campaign, and in several instances appeared at legislative hearings to explain the object of the measure.

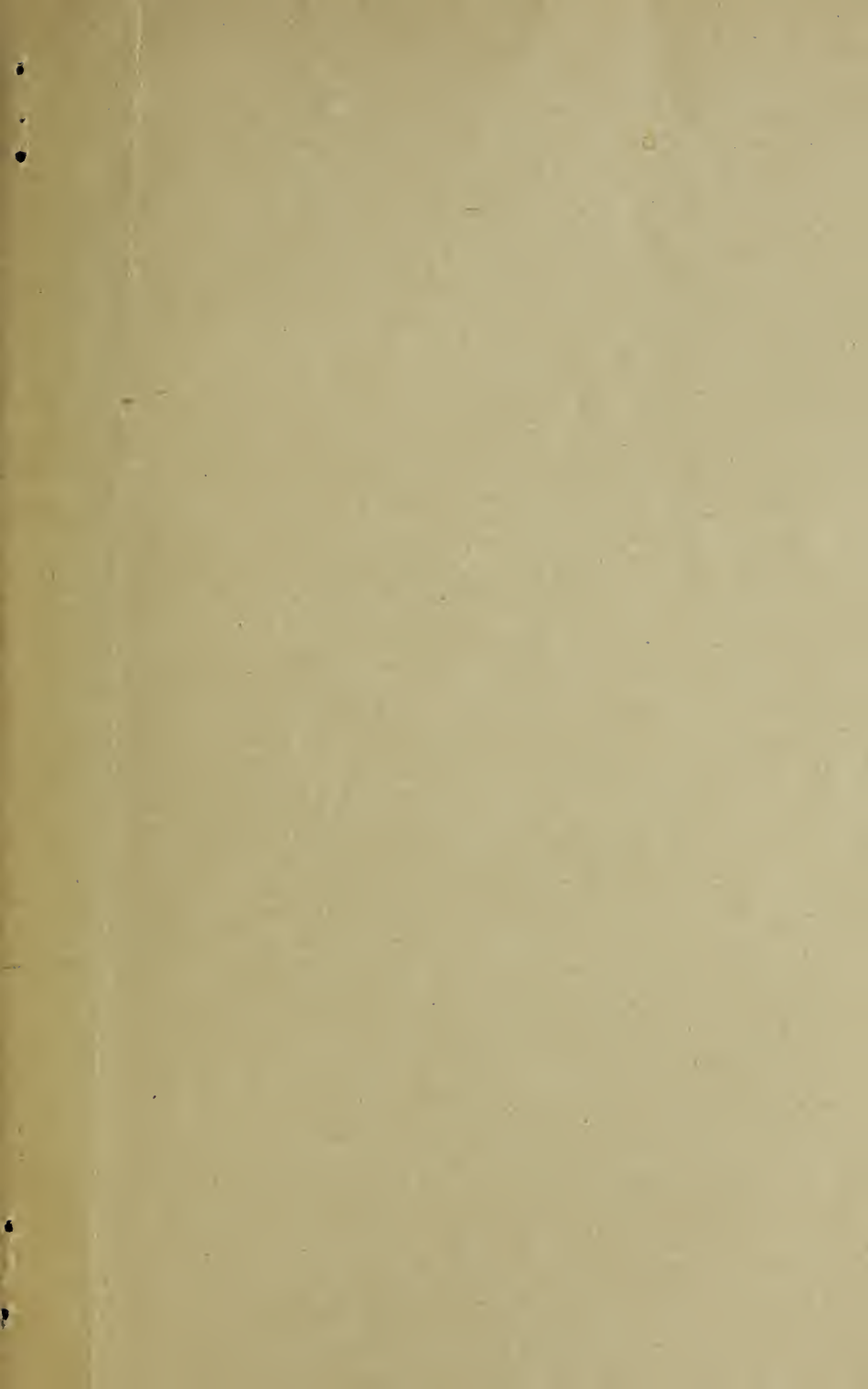
From the standpoint of the association the real educational work is merely begun with the enactment of these laws. With the arrival of the date when each law went into effect a news notice was prepared for editorial use in that state; additional information, including copies of the notification schedule now used by physicians in England, were furnished on request to officials charged with the law's enforcement.

In New York the law was translated by an Italian editor, and with accompanying explanations it was widely republished among Italian readers. Cases of occupational poisoning incidentally met with in our related investigations are now carefully noted and filed for future reference, or mailed forthwith to the proper state authority.

The desirability of the uniform reporting of industrial injuries in the different states is so apparent to those who wish to make intelligent use of such statistics rather than to merely compile columns of figures, that an effort has already been made to encourage the adoption of a standard schedule.² To the rather meager information specifically required as a minimum under the various laws, the state officials are encouraged to add as many facts as possible through the use of more elaborate blanks or by special investigations. One year's experience in securing this information in half a dozen states should indicate whether the standard schedule now in preparation is practicable for general use among physicians. Already, in several states, information of great significance has been secured by state authorities under this law, and individual physicians as well as boards of health are preparing for the study and prevention of occupational diseases.

1 Madison Avenue.

2. A national committee on standard schedule was appointed last September and it is now at work on a plan for uniform reporting.





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